

Triage on the Wards – Questions

1. Ways you can improve your ability to triage include:
 - A. Get good sign-out
 - B. Check on sicker patients at beginning of shift
 - C. Anticipate how patients will get sicker and what you will do in response
 - D. Know your resources ahead of time
 - E. All of the above

2. In which order would you triage the following pages?
 - i. “Temperature 39.1 in Taylor (6 year-old admitted with adenovirus, fever, and dehydration).”
 - ii. “Ryan’s mom has asked you to restart his home Miralax.”
 - iii. “Sophia has difficulty breathing.”
 - iv. “Josh’s parents want to discuss the duration of antibiotics (10 vs. 14 days total).”
 - A. i → iii → ii and iv
 - B. iii → i → ii and iv
 - C. i → iii → ii → iv; iv brief discussion tonight (full discussion deferred to daytime team)
 - D. iii → i → ii → iv; iv brief discussion tonight (full discussion deferred to daytime team)

3. In which order would you triage the following pages?
 - i. “Ella’s mom has requested butt balm.”
 - ii. “Blood pressure 145/85 in Joe (the 10 year old with complicated pneumonia and chest tube).”
 - iii. “PMD upset about antibiotics not being started.”
 - iv. “Sarah (2 year old with VP shunt infection) is now sleepier.”
 - A. ii → iv → i → iii
 - B. iv → ii → i → iii
 - C. ii → iv → iii → i
 - D. iv → ii → iii → i
 - E. ii → iv; i and iii can wait till morning

Triage on the Wards – Questions Continued

4. You are the lone senior nighttime resident with two interns, and have the following issues arise simultaneously:
- Call from lab tech: “8 year-old patient has potassium 7.6 and peaked T waves”
 - Call from charge nurse: “4 week-old baby who has apneic episodes upon arrival to floor (from ED)”
 - Nurse page: “Parent angry and wants to know the plan on her child”
 - Dinner delivery guy just arrived at the front door of the hospital.

What do you do?

- A. Cry
 - B. See 8 year-old patient yourself, and have intern(s) see 4 week-old baby
 - C. See 4-week old baby yourself, and have intern(s) see 8 year-old patient
 - D. Call nearest attending/fellow for back-up
5. You are called by the charge nurse because your 6 year-old patient with Kawasaki Disease developed hives, difficulty breathing, and hypotension while receiving an IVIG infusion. What do you do?
- A. Stop the infusion.
 - B. Stop the infusion and administer epinephrine, Albuterol neb, steroids, Benadryl, and ranitidine.
 - C. Stop the infusion, call a rapid response, and administer epinephrine, Albuterol neb, steroids, Benadryl, and ranitidine.
 - D. Stop the infusion, call a code, and administer epinephrine, Albuterol neb, steroids, Benadryl, and ranitidine.

Triage on the Wards – Answers

1. Ways you can improve your ability to triage include:
 - A. Get good sign-out
 - B. Check on sicker patients at beginning of shift
 - C. Anticipate how patients will get sicker and what you will do in response
 - D. Know your resources ahead of time
 - E. All of the above**

Answer: E – You can take several proactive measures to improve your ability to triage in the moment. These include: (a) get good sign-out; (b) check on sicker patients at the beginning of a shift; (c) anticipate how patients will get sicker and what you will do in response; and (d) know your resources ahead of time.

2. In which order would you triage the following pages?
 - i. “Temperature 39.1 in Taylor (6 year-old admitted with adenovirus, fever, and dehydration).”
 - ii. “Ryan’s mom has asked you to restart his home Miralax.”
 - iii. “Sophia has difficulty breathing.”
 - iv. “Josh’s parents want to discuss the duration of antibiotics (10 vs. 14 days total).”
 - A. i → iii → ii and iv
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 - C. i → iii → ii → iv; iv brief discussion tonight (full discussion deferred to daytime team)
 - D. iii → i → ii → iv; iv brief discussion tonight (full discussion deferred to daytime team)**

Answer: D. Patients with potential for decompensating should be seen first – these often include patients with respiratory illness, change in mental status, any vital sign instability, transfers from higher levels of care, new patients. In this case, Sophia with the difficulty breathing should be seen first – it is unclear what is meant by “difficulty breathing” – you may be able to get additional information over the phone by the nurse telling you more about her work of breathing, respiratory rate, and oxygen saturation. But ultimately, it will likely be more helpful to assess her in person. Taylor’s fever (in scenario “i”) is likely due to her adenovirus, but worth ensuring that her vitals are stable. Scenarios ii and iv are lower acuity, but still worth briefly addressing at night.

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- A. ii → iv → i → iii
- B. iv → ii → i → iii
- C. ii → iv → iii → i
- D. iv → ii → iii → i**
- E. ii → iv; i and iii can wait till morning

Answer: D. Patients with potential for decompensating should be seen first – these often include patients with respiratory illness, change in mental status, any vital sign instability, transfers from higher levels of care, new patients. In this case, Sarah with the VP Shunt and new change in mental status should be seen first – her depressed mental status may represent increased intracranial pressure from a shunt malfunction. Joe’s blood pressure (in scenario “ii”) is second most important to address. The upset PMD is next – best to address this frustration (to make sure the best patient care is being provided and to improve communication). Ordering butt balm is the lowest priority of the above scenarios.

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- C. See 4-week old baby yourself, and have intern(s) see 8 year-old patient
- D. Call nearest attending/fellow for back-up**

Answer: D. It is important to know that it’s ok to call a fellow/attending/etc for back-up (even if it means calling them in from home). It never hurts to have extra help in situations with decompensating (or potentially decompensating) patients. In this case:

- a. Call code for apneic baby and run to bedside. Take an intern with you.
- b. Meanwhile, have one intern call for back-up, then intern sees hyperkalemic patient.
- c. While caring for apneic baby, talk to the nurse caring for the hyperkalemic patient and initiate appropriate treatment.

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 - C. Stop the infusion, call a rapid response, and administer epinephrine, Albuterol neb, steroids, Benadryl, and ranitidine.
 - D. Stop the infusion, call a code, and administer epinephrine, Albuterol neb, steroids, Benadryl, and ranitidine.**

Answer: D. This question is to emphasize how important it is to understand how to get things done quickly in your hospital, and more specifically, what a Rapid Response and what a Code means in your hospital. For many hospitals, you would need to call a code in this situation, in order to quickly get access to the medications you will need. In some hospitals, a pharmacist is on the code team. In those that do not have pharmacists on the code team, it may still be helpful to call a code in order to get enough nurses there quickly to draw up the appropriate medications from the PIXIS (or other medication dispensing systems).